

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000060669

1. Entity Name  
NATHAN JOYCE, INC.



Principal Place of Business  
6429 NW 50 ST  
LAUDERHILL, FL 33319

Mailing Address  
6429 NW 50 ST  
SUITE 104  
LAUDERHILL, FL 33319



04082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0168249  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NORDEN, MAXINE  
6429 NW 50 STREET  
LAUDERHILL, FL 33319

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
NORDEN, MAXINE  
6429 NW 50 ST  
LAUDERHILL, FL 33319

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000306925

04/15/05-80035-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information furnished on this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with a similar like empty.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME

DATE

Daytime Phone #

4/12/05 (954) 563-7530